

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/086840
APPLICANT(S)

FILING DATE 10/16/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2							51						
3							52						
4	Cancel						53						
5							54						
6							55	Cancel					
7							56						
8							57						
9							58						
10							59						
11							60						
12							61						
13	Cancel						62						
14							63						
15							64						
16							65						
17							66						
18	Cancel						67						
19							68						
20							69						
21							70						
22							71						
23							72						
24							73						
25							74						
26							75						
27	Cancel						76						
28							77						
29							78						
30							79						
31							80						
32	Cancel						81						
33							82						
34							83						
35							84						
36							85						
37							86						
38							87						
39							88						
40							89						
41	Cancel						90						
42							91						
43							92						
44							93						
45							94						
46	Cancel						95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.							100						
TOTAL DEP.							TOTAL IND.	9					
TOTAL CLAIMS							TOTAL DEP.	28					
							TOTAL CLAIMS	36					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS